

HERBERT AND SARAH
CALISTA SMITH CLEGG



Herbert Clegg was born in Springville, Utah, July 5, 1860, son of Henry and Margaret Ann Griffith Clegg. Married Sarah Calista Smith 28 Jan. 1882. They were parents of 11 children, six of whom were living in 1956. Herbert died 24 Feb. 1943. Calista died 18 Dec. 1918. Buried in Heber, Utah.

Herbert Clegg moved to Heber in 1872 with his parents. His early life was spent on his father's farm and working at the shingle mill.

He married Sarah Calista Smith Jan. 28, 1882. He homesteaded a farm on Lake Creek where he lived.

In 1890 he began working as a stone mason, a trade he followed the remaining years of his active life. He helped in the construction of many stone buildings in and around Heber. Some include the homes of John E. Austin (now Dr. Wherritt home), Mark Jeffs (now Hospital), Abraham Hatch (now rest home), also Co-op Store (now Heber Exchange), the North and Central schools, Heber Bank and many others.

He also operated a stone quarry in Lake Creek Canyon.

Some of the masons with whom he worked were Joseph Watkins, Elisha Everett, William Thacker, Joseph Gappmayer and Byron Averett.

In 1913 he moved to Tabiona, Utah, where he and his son Ervan operated a sawmill in Wolf Creek Canyon, Wasatch County.

Complete Application and Return Before Date Shown Below

Top application for you.
Bottom application for spouse.

Spouse is eligible to apply
even if you don't.

You and your spouse may choose
different amounts of insurance.

CAR-RT SORT **CR01
PAUL GREEN
375 E 200 N
HEBER CITY UT 84032-1710

25



Application to United of Omaha Life Insurance Company

HOME OFFICE USE ONLY:

Graded Benefit Whole Life Insurance

Please complete sections 1 through 7 in full.

1. My Telephone Number _____ Sex M ☐ F ☐
(Area Code) (Number)

Age _____ Date of Birth _____ / _____ / _____
(Month) (Day) (Year)

Social Security Number _____

2. I wish to apply for life insurance coverage under:
☐ \$10,000 Plan ☐ \$7,500 Plan ☐ \$5,000 Plan ☐ \$2,500 Plan

3. I have enclosed \$ _____ to pay for my first month's
premium for the plan checked above.

4. After the first month's coverage, I wish to be billed: (check one only) ☐ Annually ☐ Semiannually ☐ Quarterly

5. My beneficiary (person to be paid at death) is:

(First Name)

(Middle)

(Last Name)

(Relationship to Insured)

NOTE: If no beneficiary has been named, the proceeds will be paid into the estate of the Insured.

6. Will any life insurance or annuity policy be replaced or changed because of this application? ☐ Yes ☐ No

If "YES," give details if known: Company Name _____

Policy No. _____

I represent that my answers above are true and complete to the best of my knowledge and belief. I understand that a reduced death benefit amount is payable during the first two years if death results from natural causes. The full face amount is payable during the first two years if death results from an accident. I also understand that this coverage will not be in force until this application is completed in full and my first month's premium has been received and accepted by United of Omaha during my lifetime.

7. My Signature X _____ Date _____ / _____ / _____
(Do Not Print) (Month) (Day) (Year)

4277L-0790

United of Omaha Life Insurance Company • Home Office: Omaha, Nebraska

PLEASE REPLY BY OCT 23, 1992
115276917 T17

PAUL GREEN
375 E 200 N
HEBER CITY UT 84032-1710

(If name or address is incorrect, please change.)

000099838 LAC687 1-92



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(Area Code) (Number)

Age _____ Date of Birth _____ / _____ / _____
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Name _____

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☐ \$10,000 Plan ☐ \$7,500 Plan ☐ \$5,000 Plan ☐ \$2,500 Plan

Address _____

3. I have enclosed \$ _____ to pay for my first month's
premium for the plan checked above.

City, State, ZIP _____

4. After the first month's coverage, I wish to be billed: (check one only) ☐ Annually ☐ Semiannually ☐ Quarterly

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